FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR

UNIFORM LIMITED OFFERING EXEMP?

OMB NUMBER:	3235-0076
Expires:	April 30, 2008
Estimated average	burden
hours per response	16.00

OMB APPROVAL

Serial | Ser

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)	
Offer and sales of limited partnership interests	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ UI	.OE
Type of Filing: ☐ New Filing ☐ Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)	· · · · · · · · · · · · · · · · · · ·
Symmetric Partners-B, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number	(Including Area Code)
75 Federal Street, 18 th Floor, Boston, MA 02110 (617) 529-5707	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number	(Including Area Code)
(if different from Executive Offices)	AECO E
N/A N/A	PECLIVED (S)
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191	
Type of Business Organization (*) '6	6 - TON
☐ corporation ☐ limited partnership, already formed ☐ other (please specify);	SECTION
□ business trust □ limited partnership, to be formed	
Month Year	
0 3 0 7	PROCESSED
Actual or Estimated Date of Incorporation or Organization:	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	<u> </u>
CN for Canada; FN for other foreign jurisdiction)	MAR 2 6 2007
GENERAL INSTRUCTIONS	D = 0 5001
Federal:	THOMSON

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CF RIVENSIAL et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director ☑ General Partner Full Name (Last name first, if individual) Symmetric Partners GP, L.P. ("GP") **Business or Residence Address** (Number and Street, City, State, Zip Code) 75 Federal Street, 18th Floor, Boston, MA 02110 Check Box(es) that Apply: ■ Executive Officer ☑ General Paartner □ Beneficial Owner □ Director □ Promoter of the GP Full Name (Last name first, if individual) Symmetric Master Company, LLC ("GPLLC") **Business or Residence Address** (Number and Street, City, State, Zip Code) 75 Federal Street, 18th Floor, Boston, MA 02110 ☐ Executive Officer ☑ Manager of Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Director GP LLC Full Name (Last name first, if individual) Symmetric Capital, LLC ("Manager") **Business or Residence Address** (Number and Street, City, State, Zip Code) 75 Federal Street, 18th Floor, Boston, MA 02110 ☑ Member of ☐ General Partner Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer Manager Full Name (Last name first, if individual) Walsh, Robert **Business or Residence Address** (Number and Street, City, State, Zip Code) 75 Federal Street, 18th Floor, Boston, MA 02110 Check Box(es) that Apply: □ Beneficial Owner □ Executive Officer Member of □ General Partner □ Promoter Manager Full Name (Last name first, if individual) Doyle, Daniel Business or Residence Address (Number and Street, City, State, Zip Code) 75 Federal Street, 18th Floor, Boston, MA 02110 ☐ General and/or Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Nortrust Nominees Limited as Nominee for Schroder Private Equity Fund of Funds III **Business or Residence Address** (Number and Street, City, State, Zip Code) IFSC House, IFSC Centre, Dublin 1, Ireland ☐ General and/or □ Executive Officer ■ Beneficial Owner □ Director Check Box(es) that Apply: □ Promoter **Managing Partner** Full Name (Last name first, if individual) SVG Diamond Nominee II Limited (Number and Street, City, State, Zip Code) **Business or Residence Address** 47 Esplanade, St. Helier, Jersey JEI OBD Channel Islands ■ Beneficial Owner ☐ Executive Officer ☐ General and/or □ Director Check Box(es) that Apply: □ Promoter Managing Partner Full Name (Last name first, if individual) National Nominees Limited as Nominee for UniSuper Limited **Business or Residence Address** (Number and Street, City, State, Zip Code) GPO Box 1406, Melbourne Victoria Australia 3001

A. BASIC IDENTIFICATION DATA

Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)	•			
Goldman Sachs Private Equity	U.S Focused II Of	Ishore Holdings, L.P.			
Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
32 Old Slip, New York, NY 10	0005				
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i	ndividual)				
SIF Investment Company Ltd					
Business or Residence Address	(Numb	er and Street, City, State, 2	Cip Code)		
c/o Societe Internationale de Fi	nance, Stockerstrasso	: 23 – CH Zurich Switzerla	ınd		

				B. INF	ORMATIC	N ABOU	OFFERI	NG	·			·
1. Has the is	suer sold o	r does the is	culer intend	l to sell to	non accredi	ted investo	re in this of	fering?			Yes	No ⊠
1. Tras the is	ъцег жиц, О	i does the R						_	**************			
			Ans	wer also in	Appendix,	Column 2,	if filing und	der ULOE.				
2. What is the	he minimum	investmen	t that will b	e accepted	from any ir	ndividual?	····				\$ <u>100.0</u>	000*
	*Subje	ect to the di	scretion of	the Issuer								
3. Does the	o Carina mam	unis inims and	unambin af	a aimala um	:•9						Yes	No
												0
4. Enter the remuneration agent of a bright persons to be	n for solicita oker or deale listed are a	tion of purc er registered ssociated p	chasers in c d with the S ersons of st	onnection v SEC and/or	with sales of with a state	securities or states, I	in the offer	ing. If a pe e of the bro	rson to be l ker or deale	isted is an er. If more	associate than five	d person or
Full Name (I	ast name in	rst, if indivi	idual)									
N/A										_		
Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Ass	ociated Bro	ker or Deale	er									
States in Wh	ich Person I 'All States''					hasers						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[HN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I	ast name fir	rst, if indivi	idual)									
Business or	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Ass	ociated Bro	ker or Deal	er									
States in Wh												
•	'All States"						(DE)	(DC)				Ali States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	(CT) [ME]	(DE) (MD)	[DC] [MA]	[FL] [Ml]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I				נואן	[OI]	[1 1]	[7/]	[117]	(" ")	[[141]	["1]	[[1]
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Business or	Pacidanaa A	Adrese (No	mhar and S	treat City	State 7in (~ode)			· - ·			
Business of	Residence A	iuuress (14u	iniber and s	arcei, City,	State, Zip C	.code)						
Name of Ass	oninted D	kor or Da-1										
Name of Ass	ociated bio	Ker or Deal	er									
States in Wh	ich Demos 1	icted Use 9	Calinitad an	Intendate	Saliait Daws	hasam						
	ich Person i 'All States''				Solicit ruic	HASCIS						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
fpii	(SC)	(CD)	ITNI	(TY)	(בנו ז)	[VT]	[VA]	[WA]	rwvi	rwn	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

already sold. Enter "0" if answer is "non	urities included in this offering and the total amount e" or "zero." If the transaction is an exchange offering, amns below the amounts of the securities offered for exchange		
Type of Security		Aggregate Offering Price	Amount Already Sold
Debt		\$	\$
Equity		S	\$
	□ Common □ Preferred		
Convertible Securities (including wa	rrants)	s	\$
Partnership Interests		\$ <u>150,000,000</u>	\$52,250,000
Other (Specify)	\$	s
Total		\$ <u>150,000,000</u>	\$ <u>52,250,000</u>
Answer also in	Appendix, Column 3, if filing under ULOE.		
offering and the aggregate dollar amount	accredited investors who have purchased securities in this s of their purchases. For offerings under Rule 504, indicate ed securities and the aggregate dollar amount of their purchases "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		5	\$ <u>52,250,000</u>
Non-accredited Investors			\$
_	4 only)		\$
Answer also in	Appendix, Column 4, if filing under ULOE.		
sold by the issuer, to date, in offerings of	e 504 or 505, enter the information requested for all securities the types indicated, the twelve (12) months prior ng. Classify securities by type listed in Part C - Question 1.	N/A	
Type of offering		Type of Security	Dollar Amount Sold
Rule 505			\$
Regulation A			\$
Rule 504			\$
Total			\$
securities in this offering. Exclude a The information may be given as sub-	connection with the issuance and distribution of the mounts relating solely to organization expenses of the issuer, bject to future contingencies. If the amount of an expenditure d check the box to the left of the estimate.		
Transfer Agent's Fees			\$
Printing and Engraving Costs			\$
Legal Fees			\$110,000
Accounting Fees			\$
Engineering Fees			\$
Sales Commissions (specify finders'	fees separately)		\$
Other Expenses (identify)			S
Total		🗵	\$110,000

C. OFFERING PRICE	E, NUMBER OF INVESTORS, EXPENSES AND USI	OF P	ROCEEDS		
I and total expenses furnished in respons "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gused for each of the purposes shown. If the estimate and check the box to the left of the	te offering price given in response to Part C - Question e to Part C - Question 4.a. This difference is the cross proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.				\$ <u>149,890,000</u>
the adjusted gross proceeds to the issuel set	torul in response to 1 and 5 - Question 4.0 above.		Payments to Officers, Directors, & Affiliates		Payments To Others
Salaries and fees			\$		s
Purchase of real estate			s		\$
Purchase, rental or leasing and installati	on of machinery and equipment		s		S
Construction or leasing of plant building	gs and facilities		s		
offering that may be used in exchange for	ng the value of securities involved in this or the assets or securities of another		s	В	s
Repayment of indebtedness			<u> </u>		
Working Capital		0	s		s
Other (specify):Investment in lower	middle market companies in the United States and		s		\$149,890,000
Canada		🗖	S		s
•			s		\$149,890,000
Total Payments Listed (Column totals ac	dded)		⊠ \$ <u>14</u>	19 <u>,8</u>	<u>000,000</u>
	D. FEDERAL SIGNATURE				
following signature constitutes an undertaking	ned by the undersigned duly authorized person. If this no ng by the issuer to furnish to the U.S. Securities and Excl issuer to any non-accredited investor pursuant to paragra	ange C	ommission, upo		
Issuer (Print or Type)	Signature		Date		
Symmetric Partners-B, L.P.	General Partner: Symmetric Partners GP, L.P. By: Symmetric Master Company, LLC Its General Partner By: Symmetric Capital, LLC Its Manager When the Manager		March 21, 200)7	
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Robert V. Walsh	Member				

— ATTENTION ———

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

